PUBLIC	DISCLOSE	IRE COMMISSION
@C	G	711 CAPITOL WAY RM 20 PO BOX 40908 OLYMPIA WA 98504-0908 (380) 753-1111

THIS SPACE FOR OFFICE USE

PO BOX 40908 OLYMPIA WA 98504-0 (360) 753-1111 TOLL FREE 1-877-601		ST REGISTRATION	L 1 (12/14)	DATE FILED PDC
1. Lotbyist Name  Bonny Jo Re	terson			DEC 18 2018
Permanent Business Address 414 S. Worth S+	-		Business Tele Permanent ( Temporary (	ephone Numbers ) }
City Tacoma 2. Temporary Thurston County address during legisla	State  WA	zp 98408	or Pager	253 320-552 <i>0</i>
A  3. Employer's name and address (person or group for	rwhich you lobby)			jo peterson @c
414 3. 65th St,	Tacoma, u	iation of WA VA 98408	purpose of organ	nization
<ol> <li>Name and address of person having custody of acc lobbyist reports. (Person responsible for producing</li> </ol>	ounts, receipts, books or oth the lobbyist employer's annu	er documents which substantlate al L-3 report.)	E-Mail Address	
\$ per (hour, day, month, year)  Other: Explain:		Description of employment (check one of Full time employee Part time or temporary employee Contractor, retainer or similar agree	ment	Scie duty is lobbying Lobbying is only a part of other duties
Are you reimbursed for lobbying expenses? Explain to Yes: \$ per  Yes: I am reimbursed for expenses.  No: I am not reimbursed for expenses.	which expenses.	Does employer pay any of your lobbying if yes, explain which ones.		· -
Is your employer a business or trade association or org sociations, or organizations? If yes, attach a list showin past two years or is expected to pay over \$1,450 this ye	ring legislative session anization which lobbies on b g the name and address of e ar.	Other, Explain: ehalf of its members or a representative entition that member or funder who has paid fees, did, pays, or is expected to pay over \$1,450.	ty which lobbies on ues or other payme	behalf of businesses, groups, ints over \$1,450 during either of
Does your employer have a connected, related or closel und raising events? If so, list the name of that political action. No  Yes. Name of the committee is:				
If lobbyist is a company, partnership or similar business and 144 for instructions.)		o perform actual lobbying duties, list name o	feach person who	will lobby. (See WAC 390-20-
Agriculture 09	SUBJECT Health Care Higher education furnan services abor aw and justice ocal government tate government echnology ransportation ther - Specify	Remarks:		
RTIFICATION: I hereby certify that the above is a true, itement.  BBYIST'S SIGNATURE  SOURCE  SOURCE	DATE, E	EMPLOYER'S AUTHORIZATION: Confirm this registration statement.  MPLOYER'S SIGNATURE, NAME TYPED		1
L-1 (rov. 12/14)		NO NO	T VALID UNL	ESS SIGNED BY BOTH